



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: October 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008825

[REDACTED]

Dear [REDACTED],

On October 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 12, 2016 notices of eligibility redetermination and enrollment confirmation with regard to your youngest child.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly disenroll your youngest child from her Medicaid Managed Care plan, effective December 31, 2015?

Did NYSOH properly determine that your youngest child's eligibility for and enrollment in their Child Health Plus plan was effective May 1, 2016?

Procedural History

On November 15, 2013, NYSOH issued a notice confirming your election to receive all your notices from the New York Marketplace electronically. That notice also stated that all important notifications will be sent to your Marketplace account and that you can request any notice posted to your account to be sent via regular mail.

On January 12, 2015, NYSOH issued a notice of eligibility determination stating that your youngest child (child) was conditionally eligible for Medicaid effective January 1, 2015. Your child was also re-enrolled in a Medicaid Managed Care plan as of that date.

On October 24, 2015, NYSOH issued a notice that it was time to renew your child's health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether or not your child would qualify for financial help paying for her health

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coverage, and that you needed to update your NYSOH account by December 15, 2015 or she might lose the financial assistance she was currently receiving.

No updates were made to your NYSOH account by December 15, 2015.

On December 22, 2015, NYSOH issued a notice of eligibility redetermination that stated your child was no longer eligible for Medicaid, Child Health Plus, or to receive advance payments of the premium tax credit and could not enroll in a qualified health plan at full cost, effective December 31, 2015. This was because you had not responded to the renewal notice and had not completed your child's renewal within the required time frame.

Also on December 22, 2015, NYSOH issued a disenrollment notice confirming that your child's coverage in her Medicaid Managed Care plan would end December 31, 2015.

On April 11, 2016, NYSOH received your updated application for health insurance for your child's health insurance in 2016. That same day, NYSOH prepared a preliminary eligibility determination and found your child eligible to enroll in Child Health Plus, effective May 1, 2016.

Also on April 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin April 1, 2016.

On April 12, 2016, NYSOH issued a notice of eligibility redetermination, based on your April 11, 2016 application, stating that your child was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective May 1, 2016.

Also on April 12, 2016, NYSOH issued a notice of enrollment, based on your plan selection for your child on April 11, 2016, confirming that she was enrolled in a Child Health Plus plan and that coverage would start on May 1, 2016.

On October 20, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you elected to receive all of your notices from NYSOH by electronic mail.

- 2) You testified that, although you did receive a notice telling you that you had documents in your NYSOH account in the latter part of 2015, there were only notices from earlier that year in your Inbox. You testified that, therefore, you did not receive notice that you needed to update your application in order to renew your child's coverage or that she had been disenrolled from her Medicaid Managed Care plan coverage.
- 3) According to your NYSOH account, during the relevant time frame, documents were placed in your Inbox on October 24, 2015, November 2, 2015, and December 22, 2015. The renewal notice, dated October 24, 2015, was placed in your Inbox on October 24, 2015 and the December 22, 2015 disenrollment notice was placed in your inbox on December 22, 2015 ([REDACTED]).
- 4) You testified you found out that your child had been disenrolled from her coverage when she went to the emergency room with a broken finger on April 9, 2016.
- 5) You testified you didn't think your child should have been disenrolled from her health insurance without giving you written notification by mail.
- 6) The record reflects that on April 11, 2016, NYSOH received your updated application for health insurance for your child in 2016.
- 7) You testified that you are seeking that your child enrolled in her Child Health Plus plan as of April 1, 2016.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

Child Health Plus

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid, or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The issues under review are: (1) whether NYSOH properly determined that your child was disenrolled from her Medicaid Managed Care plan as of December 31, 2016 and; (2) thereafter, determined her eligibility for and enrollment in their Child Health Plus plan effective May 1, 2016.

According to your NYSOH account, your child's continuous coverage in her Medicaid Managed Care plan was due to end on December 31, 2015. Generally, NYSOH must redetermine a qualified child's Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's October 24, 2015 renewal notice stated there was not enough information to determine whether your child was eligible to continue her financial assistance for health insurance in the upcoming policy year, and that you needed to supply additional information by December 15, 2015, or your youngest daughter's financial assistance might end.

Because there was no timely response to this notice, your child was disenrolled from her Medicaid Managed Care plan, effective December 31, 2015.

You testified you did not receive notice from NYSOH telling you that you needed to update the information in your NYSOH account for your child's eligibility to be redetermined, but you did receive an electronic notice via email alert stating that you had documents in your Inbox from NYSOH. You testified that, when you went into your Inbox, the only documents that were there were older and not relevant to your child's renewal so you did not open any notices. You further testified that you did not think your child should have been disenrolled from her health insurance without giving you written notification by mail.

According to your NYSOH account, you elected to receive notifications via electronic mail; that is, via email alerts. NYSOH issued a notice in November 2013 stating that all important notifications will be sent to your NYSOH account, then referred to as your Marketplace account, and you could request any notice posted to your account to be sent via regular mail. Since November 2013, you have not changed your account preferences nor have you requested to have any notices sent by mail.

Moreover, there is no evidence to support your contention that when you went into your NYSOH account the relevant notices were not there. To the contrary, you testified you received the email alert notifying you that documents were in your Inbox for you to review and your NYSOH account shows that the relevant

documents were sent to your Inbox on October 24, 2015 and December 22, 2015.

Therefore, the credible evidence of record demonstrates that NYSOH properly notified you of the need to update your NYSOH account to be able to renew your child's coverage for the upcoming policy year and properly notified you of her ineligibility to enroll in health coverage through NYSOH and disenrollment from her Medicaid Managed Care Plan, effective December 31, 2015. Accordingly, the December 22, 2015 notices of eligibility redetermination and disenrollment were correct and are AFFIRMED.

As to the second issue, according to your NYSOH account, you updated your child's eligibility for financial assistance through NYSOH for 2016 on April 11, 2016, and selected and enrolled her into a Child Health Plus plan that same day.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month. Since you selected a Child Health Plus plan for your child on April 11, 2016, it must take effect on the first day of the next following month; that is May 1, 2016.

Therefore, NYSOH's April 12, 2016 notice of eligibility redetermination and enrollment are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus on May 1, 2016.

Decision

The December 22, 2015 notices of eligibility redetermination and disenrollment are AFFIRMED.

The April 12, 2016 notices of eligibility redetermination and enrollment confirmation are AFFIRMED.

Effective Date of this Decision: October 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child's Medicaid Managed Care plan ended December 31, 2015.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

The effective date of your child's Child Health Plus plan is May 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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- By fax: 1-855-900-5557

Summary

The December 22, 2015 notices of eligibility redetermination and disenrollment are **AFFIRMED**.

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The April 12, 2016 notices of eligibility redetermination and enrollment confirmation are AFFIRMED.

This decision does not change your child's eligibility.

Your child's Medicaid Managed Care plan ended December 31, 2015.

The effective date of your child's Child Health Plus plan is May 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

